



Career-Technical Credit Transfer (CT)²
Verification of Course/Program Completion for Medical Terminology

Student: Complete Part I of this form then give it to your teacher. Request an official high school or GED transcript to be sent to each college/university of your choice in addition to this form. Part II and III are to be completed by a school official.

Part I: To be completed by Student requesting verification:

First Name: _____ Last Name: _____ Middle Initial: _____
College ID Number (if known) : _____ Date of Birth: _____
High School Graduation Date/Adult Workforce Education Program Completion Date _____
Home Address: _____
Daytime Phone: () _____ Cell Phone: () _____
Email: _____
Please send this form to the following college/university and department/office:
Name of Institution: _____
College Department/Office: _____
Address: _____
Signature of Requesting Student: _____ Date: _____

Credentials Needed for Credit: https://bit.ly/2kE75XI

Part II.

Should be completed by a school official and must include program completion dates and initials.

Part II: To be completed by Sending/Verifying Institution (Career-Technical Institution).

Medical Terminology

Table with 4 columns: CTAN, CTAN NAME, Term Completed (with a "C" or better) Term/yyyy, Institution is approved for CTAN (mark all lines that apply). Row 1: CTMT001, Medical Terminology (ODE Course: 072150)

Check for CTAN Approvals https://goo.gl/TrzmJu

NOT OFFICIAL WITHOUT PART III*. STUDENT MUST NOT HAND-CARRY

*Administrators may request Part III of the Verification Form https://oatnkb.ohiohighered.org/ or call 614.752.9474